

Transition Aged Youth Focus Groups: Youth Voice and the Mental Health Services Act

Conducted by the California Council on Youth Relations
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REPORT AND RECOMMENDATIONS

Report prepared by
Patricia Johnson, Director and Perry Jones, Youth Coordinator
California Council on Youth Relations
c/o Pacific News Service
(415)503-4170 or pjohnson@newamericamedia.org

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EXECUTIVE SUMMARY

Background

The California Department of Mental Health (DMH) public stakeholder process has been recognized for its intent and efforts to be inclusive and responsive to the needs of diverse stakeholders. However, the DMH approach with adult-oriented structure, times/locations, and use of technical language proved not to attract youth participation. It was necessary to re-design the input process in order to obtain the voices and experiences of transition age youth.

In the spring of 2007, the California Council on Youth Relations¹ (CCYR), through a contract with DMH, conducted a series of focus groups with transition aged youth. The goal of DMH in convening these focus groups was to ensure that youths' voices influenced the systematic changes brought about by the MHSA, specifically regarding Prevention and Early Intervention. The focus groups were intended to ensure that youth and young adults from a range of systems and experiences (i.e., child welfare, juvenile justice, education, and/or homeless/public health), who are dealing with mental, emotional and/or behavioral disorders, have an opportunity to create positive change in the mental health system. It is hoped that the collaboration between the CCYR and DMH described in this report will set a precedent for youth involvement in a wide range of policy and system change discussions on the state and local level.

CCYR organized eight focus groups in April and May of 2007 in Sacramento, San Diego, Fresno, Los Angeles, San Francisco, Oakland and Daly City. The focus groups in Fresno and Sacramento included young people from more rural northern and central California regions. Four focus groups were general in nature, drawing from a wide range of system experiences. The other four focus groups were more specialized, focusing on specific priority populations: incarcerated youth in Los Angeles; sexually exploited youth in Oakland; friends/family of homicide victims in Oakland and San Francisco; and youth dealing with depression in the suburb of Daly City.

¹ The California Council of Youth Relations (CCYR), a project of Pacific News Service, is a nonprofit news agency with a mission to bring unheard voices into the public forum. Since 1990 Pacific News Service has developed and cultivated youth media that give young people unique opportunities to tell their own stories and to participate in larger civic discussions. CCYR was founded with the mission of bringing young people who participate in our youth media projects to the policy table. CCYR's first project, a collaboration with the California Research Bureau in 2005, convened a series of policy roundtables in Sacramento to discuss how to improve the juvenile justice and foster care systems, from a mental health perspective, to better serve transition aged youth. Through these roundtables, and others since 2005, CCYR has demonstrated a unique ability to bring together young people and adults to have solutions-oriented conversations about policy and system change.



Findings

The focus group participants' recommendations addressed seven major themes (Specific policy and program recommendations are summarized in the table, Appendix A):

- **Youth Involvement.** Getting young people involved in decision making efforts requires that location, schedules and communication style be geared toward young people's lifestyles. This is particularly important when wanting the ideas of young people who have had mixed experiences with the system or who grew up in poverty. Financial compensation for attendance demonstrates the value of participants' time spent on the effort to improve services for the larger community.
- **Families as the Unit of Service.** Participants felt that mental health services and support were needed for the whole family, not just the youth as individuals, if they were to succeed in staying healthy and achieving their goals. When young people are in group homes or incarcerated, families need the system to help siblings and parents stay connected. Participants requested free or subsidized therapy or support groups for parents of children diagnosed with mental illness.
- **Therapy: What Works, What Doesn't.** Participants consistently reported that schools and juvenile halls do not have enough counselors; they would like therapy and programs to be made available to young people before they get in trouble, not just after the fact. Concrete suggestions for building trust between therapists and youth include informing the young people about their rights, identifying a young person's survival needs as a starting point in therapy, and documenting strengths and goals, not just mistakes, in young people's case files.
- **Medication Communication.** Many of the young participants felt that they did not have good communication with doctors about their medications. They asked for the ability to provide more input regarding dosage. They also suggested a system of checks and balances to ensure that medications are treating the real problem instead of being used as a strategy to make you people's problems easier for adults to manage. The youth expressed a desire for talk therapy in conjunction with medication. MHSA funds could be used for follow-up services after youth are released from detention or placement, to ensure they continue receiving care and don't turn to street drugs or other self-destructive behavior.

- **Prepare Adults to Support & Respect Youth.** Participants expressed concern that the adults taking care of them were not properly trained and supported in dealing with heavy emotions or trauma-induced behaviors. The youth recommended that low or no-cost therapy be made available to staff, teachers, social workers, judges, case workers, foster parents and therapists who work with young people under stress, and that more training be required for staff and foster parents. They would like the system to provide more continuity and support for young people as adult caretakers/providers change positions and move through their own careers. In addition, they would like therapy to be supplemented with mentorship programs that match young people with role models who have been through similar experiences.
- **A Place to Go, Something to Do.** Participants in the focus groups repeatedly asked for youth centers and jobs that provide them with a safe environment and a sense of purpose. Participants asked that mental health funds be used for youth-driven recreational spaces that could positively impact the community and support physical fitness. They also recognized that job training and placement are important to the prevention of self-destructive behaviors caused by poverty, lack of purpose, and too much free time.
- **Acknowledge and Address Stigma.** Mental health providers for transition age youth face the dual challenge of the social stigma attached to mental health issues combined with the distrust young people often have for adults in positions of authority. They felt that young people could do outreach at schools and community based organizations about mental health resources, what therapy is like, support hot lines, etc., which could empower youth to access such resources.

Conclusion

The Mental Health Services Act is transforming not only the mental health system in California but also the ability to incorporate youth voice in the development of new mental health strategies to address the needs of consumers. This project demonstrates that with appropriate planning, powerful and relevant youth voices can be heard. Youth, when convened properly, will share intimate details about their lives and experiences and are capable of converting those experiences into concrete policy recommendations. These recommendations can inform decisions of policy makers and those who design, and implement programs; their ongoing input can assist with continuous quality improvement efforts. Most of the recommendations are not costly, time consuming, or very difficult.



Transition aged youth, particularly those with experience in the foster care, juvenile justice and special education systems need state and local support to have healthy childhoods and to access the recreational, educational, and career opportunities that prevent young people from giving up on school, themselves, and their futures. Conversely, state and local policymakers, program planners, and service providers need to hear youth voices to provide effective, timely support to these youth.

The youth participants were from ethnically, racially, and geographically diverse backgrounds, and represented various sexual orientations. Their voice was clear consistent and their recommendations reinforce the federal and state vision of youth development principles and best practices for this population. Their combined voices challenge state and local policymakers to translate their experiences and recommendations into policies and services that are more accessible, more relevant, and more effective, and to utilize the rich resource of youth voice.



INTRODUCTION

Transition age youth have long been recognized by the mental health community as a population that has been historically un-served and underserved in the public mental health system. Youth with emotional disturbance and/or behavioral problems are more likely to fail in school, become unemployed, get involved in juvenile justice, and have difficulty successfully transitioning to adulthood.

There has been increased focus on transition aged youth as a discrete population with unique issues and needs who are best served with programs and services designed specifically for them. The Mental Health Services Act (MHSA) Community Services and Supports (CSS) Requirements designated transition age youth as a population distinct from children, adults, and older adults. There was a new requirement to not just include transition age youth in the CSS plans, but to create plans specifically designed to address the unique needs of this population. In order to determine what these unique needs are, it is important to solicit input from public stakeholders.

The California Department of Mental Health (DMH) public stakeholder process has been recognized for its intent and efforts to be inclusive and responsive to the needs of diverse stakeholders. However, the DMH approach with adult-oriented structure, times/locations, and use of technical language proved not to attract youth participation. It was necessary to re-design the input process in order to obtain the voices and experiences of transition age youth. This endeavor to recreate the stakeholder process in a way that would incorporate youth voice led DMH to enter into a contract with an organization that would enable voices of youth to be heard.

In the spring of 2007, the California Council on Youth Relations (CCYR), through a contract with DMH, conducted a series of focus groups with transition aged youth. The goal of DMH in convening these focus groups was to ensure that youths' voices influenced the systematic changes brought about by the MHSA, specifically regarding Prevention and Early Intervention. The focus groups were intended to ensure that youth and young adults from a range of systems and experiences (i.e., child welfare, juvenile justice, education, and/or homeless/public health), who are dealing with mental, emotional and/or behavioral disorders, have an opportunity to create positive change in the mental health system. It is hoped that the collaboration between the California Council of Youth Relations and the DMH described in this report will set a precedent for youth involvement in a wide range of policy and system change discussions on the state and local level.

METHODOLOGY

CCYR organized eight focus groups in April and May of 2007 in Sacramento, San Diego, Fresno, Los Angeles, San Francisco, Oakland and Daly City. The focus groups in Fresno and Sacramento included young people from more rural northern and central California regions. Four focus groups were general in nature, drawing from a wide range of system experiences. The other four focus groups were more specialized, focusing on specific priority populations: incarcerated youth in Los Angeles; sexually exploited youth in Oakland; friends/family of homicide victims in Oakland and San Francisco; and youth dealing with depression in the suburb of Daly City. The youth were each paid a \$100 stipend. The stipend was provided to the youth for two reasons: as an incentive to participate in the group and to underscore the value of their input. In order to recruit the youth participants, CCYR partnered with local youth organizations where the roundtables were held. CCYR also utilized outreach fliers² to recruit youth from these organizations and local schools.

Each focus group began with a discussion about the MHSA and DMH goal to better serve transition aged youth and to hear their perspective on how to accomplish that goal. It was explained that preventing and treating *mental illness* is only one aspect of the MHSA. The MHSA can provide a wide gamut of services for youth including housing, employment assistance, education programs, recreational and social programs, etc. The purpose of the focus groups was to have the youth identify their specific needs. The discussions and conclusions are an important part of the planning and implementation of the MHSA.

The moderator of the focus groups, aware of stigma and painful feelings associated with mental illness, attempted to reduce discomfort of participants. She did this with careful use of language, by creating a relaxed atmosphere, by building trust through verbal and non-verbal communication, by skillful sequencing and pacing of questions and responses, and utilizing the strategic participation of the youth co-facilitator.

DMH identified priority populations for the Prevention and Early Intervention (PEI) component of MHSA; accordingly, the focus group participants included:

- Children/Youth at Risk for School Failure
- Children/Youth in Stressed Families
- Children/Youth at Risk of Juvenile Justice Involvement
- People who have been exposed to trauma

² An example of the flier is included in this report, Appendix D.



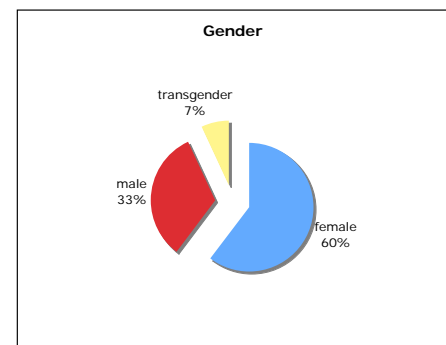
- Those who are experiencing onset of psychiatric illness
- Those at risk of suicide

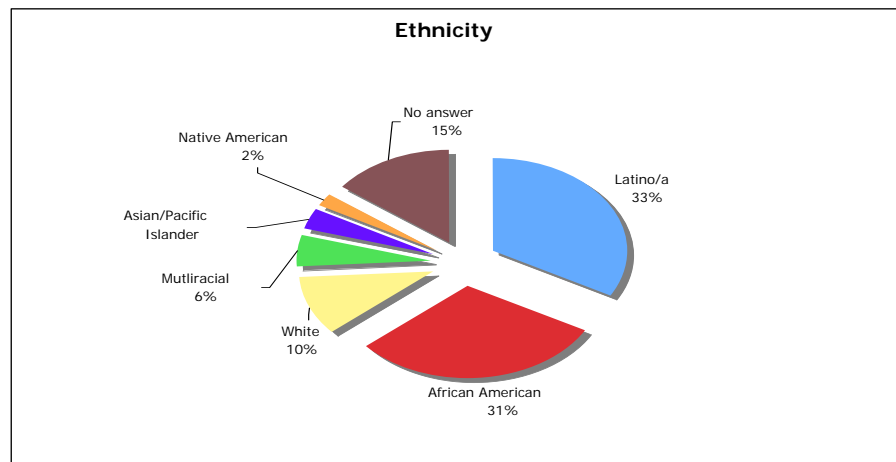
The youth who were invited to participate in these focus groups were fundamentally representative of these priority populations. To recruit and host each focus group, CCYR partnered with local organizations in each city. This strategy built on our assumption that young people are most comfortable speaking about their personal experiences when they are invited to do so by adults they trust. This strategy also recognizes the important work that local organizations— either community based, schools or county agencies – have already done in building trust and safe spaces for transition aged youth. Intermediary adults who helped recruit or transport youth were invited to attend but sat outside the circle.

A total of 110 youth attended eight focus group meetings. Of those 110, 82 completed optional demographic forms. Overall the group reported a high rate of experience with the mental health system: 84% of the participants have had experience talking to a therapist and nearly half (43%) have taken psychotropic medication at some point. Over half (62%) of the youth have experienced the incarceration of a parent and just under half of the participants have had personal contact with the juvenile justice or adult criminal justice systems. While only 26% have sought treatment for drug/alcohol abuse, 78% report drug and alcohol abuse as a problem in their families or in their own lives. The participants were 60% female, 33% male and 7% transgender. They represented the ethnic diversity of California's system youth, with 33% Latino/a and 31% African American. Their ages ranged from 14-23, with a majority between 16-19 years old.

Life/System Experience Summary

- 45% Have had contact with juvenile justice system
- 62% Have had a parent incarcerated
- 45% Have been in foster care
- 17% Have a child
- 43% Have take Psychotropic medication
- 84% Have been to therapy
- 78% Have drug/alcohol issues in family
- 26% Have been in drug/alcohol treatment





The facilitators opened each focus group with introductions, where youth volunteered information about their lives and their experiences in the mental health system. The panel was then asked to watch a ten minute DVD, “Bringing Young People to the Policy Table”, summarizing the findings of the CCYR youth policy panel series organized and hosted by the California Research Bureau in 2005. The DVD outlines ten recommendations for improving outcomes for young people in the mental health, juvenile justice and foster care systems. The purpose of watching the DVD was to show the focus group attendees what work has been done so far on this topic and to establish a common ground for starting the conversation. The idea was to start a discussion about specific policy recommendations. Youth were given a worksheet listing these recommendations alongside a blank space to write, so they could jot down their ideas, thoughts or disagreements while watching the DVD. The ten recommendations outlined in the DVD were:

Prevention

#1 Long-term Relationships with Adults: Young people value long-term relationships with adults who are available on a consistent basis. Knowing an adult won’t give up or go away opens the door for communication.

#2 Make Meds Make Sense: Young people should be given clear explanations of what their prescribed medication will do, including side effects, and how they will feel when they stop taking it.

#3 Confidentiality: Make it immediately clear what information will be held confidential and what cannot be held confidential so the young person can make a safe decision regarding what to share.

#4 Culturally positive environments: Young people are often asked to learn, and to heal, in institutional environments. Allowing young people to design and affect their environments – from choosing to meet their therapist at a donut shop to choosing pictures for the walls – will open them to positive adult relationships.



#5 Youth Voice: Young people should be considered experts on what they've experienced and what they need.

Intervention

#1 Cultivate Personal Interests: Using mental health funds and time to help a young person access music, art, sports, dance or other activities can build self-esteem that has a life of its own beyond therapy.

#2 Fix the Situation, Not Just the Kid: Many young people need help finding jobs, apartments, or help with school. Adults who find practical solutions can gain the young person's trust in the healing process.

#3 Good Information: Young people make great decisions when they have accurate information they trust.

#4 Avoid Labels and Stigma: Labels, like depressed, and even the words "therapy" and "mental health" carry a stigma that turns young people off.

#5 Role models: Young people often respond positively to peers and adult mentors who have "been there" and can both relate to their struggles as well as model successful life changes.

Following the DVD, the facilitators (a transition aged youth and adult pair) asked a series of questions and gave the group a chance to respond, either in random order by raising hands or by going around the room and getting a response from each youth. The goal of the questions was to collect both general impressions of how youth have been positively and negatively impacted by the current system and what changes the youth would like to see in the mental health system. These impressions were paired with concrete recommendations for programs. These guiding questions included, but were not limited to:

- What do you think of when you hear the words 'mental health'?
- What could have prevented you from ending up in the system? What do you wish had been there for you?
- Who, in your opinion, is missed or isn't getting served at all?
- What has pushed you away from services or brought you back?
- What might take away the stigma from mental health services?
- What challenges have you faced in seeking or receiving mental health services/support/guidance?
- Do you talk about well being in your family or with your friends?



As the youth responded to the questions posed by the facilitators, they reflected a vast array of personal experiences and insights about mental health services that they received or would have liked to have received. As a result, there were hundreds of personal stories, ideas, suggestions, and recommendations about what can be done to improve the mental health system in California and its communities. Their comments addressed the concerns that they had about their own treatment and medication, as well as concerns about the larger mental health system and the changes they felt needed to be made to improve the lives of young people. Many acknowledged the positive relationships and assistance they received from individual staff people in various agencies. Their voices are reflected in the recommendations that follow in this report.

In each Roundtable, the discussion lasted approximately two hours, after which the youth had dinner provided by the facilitators. The group then reconvened to complete a short writing assignment with the writing prompt, "When I needed it most...."³ Upon completion of this task, the youth were thanked for their participation, and were given their stipends before they left for the evening.

Many youth expressed an interest in finding out about the outcome of the focus group and what would happen next.

³ The writing samples will be compiled by CCYR and published in the New American Media publication, The Beat Within.

FINDINGS

The focus group participants' recommendations are organized under six major themes: Youth Involvement; Families as the Unit of Service; Therapy: What Works, What Doesn't; Medication Communication; Prepare Adults to Support & Respect Youth; A Place to Go, Something to Do; and Acknowledge and Address Stigma. Each of the youth quotations are bolded and italicized, and were examples of similar comments or sentiments expressed by others in the group. The bulleted recommendations that follow the quotations were derived from the youth statements, but are not exact quotations.

A. Youth Involvement in Policy and Decision Making

Getting young people involved in decision making efforts requires that location, schedules and communication styles be geared toward young people's lifestyles and needs, as well as contextualized within communities of adults and peers whom they trust. This is especially important when attempting to access the ideas of young people who have had negative or mixed experiences with the system, or grew up in poverty. Financial compensation for attendance demonstrates the value of young peoples' time, just as adult stakeholders are compensated for their policy contributions through their employers, etc. Equally important is follow up: the youth want to know how their recommendations will be implemented, who is listening to their ideas, and what changes will be made as a result. It is critical to share the results of the youth's efforts and what comes next with young people throughout the process.

The following are specific recommendations for youth involvement in the policy arena. These recommendations are based on the Pacific New Service's successful strategies in convening the youth and on the comments that the youth made during the roundtable discussions.

- Hold meetings during accessible times of day
- Choose safe locations, accessible by public transportation or provide transportation
- Hire young and/or culturally competent moderators/facilitators who use language that is sensitive to the stigma of mental health
- Outreach through community based organizations/agencies that have established trusted relationships with youth
- Provide lunch or dinner
- Pay stipends to youth to demonstrate the value of their time and input

- Provide or reimburse for transportation
- Share the results of the meeting with participants in some way
- Provide venues for continued participation whenever possible

B. Families as the Unit of Service

Participants felt that mental health services and support were needed for their entire family, not just the youth as individuals, if they were to succeed in staying healthy and achieving their goals. Their recommendations ask that the family be put first when decisions are made about placement (i.e. keep siblings together so that they can grow up together) and to provide more support to teen parents in becoming good parents themselves. When young people are in group homes or incarcerated, families need the system to help them stay connected. MHSA funds could be used to provide free support groups for parents whose children are detained in juvenile halls or CYA and provide transportation, phone calls, and visiting hours that make it easy for families to stay connected. To implement these recommendations, the family needs to be the focus; public systems need to work together to support them.

Mom was a drinker. When she got stable, I did too.

What helped was my mom saying she loved me when I got locked up.

Having a son changed everything for me. I want him to have more than I had.

- Offer counseling to the whole family, not just the young person in the system
- Provide free support groups for parents whose children are detained in juvenile halls or CYA to help them manage their anger, shame or heartache
- Provide free or subsidized therapy or support groups for parents of children diagnosed with mental illness
- Support teen parents in becoming the parents they want to be: provide classes, support groups, housing assistance, childcare.

I first slept on the street when I couldn't stay in the domestic violence shelter with my mom and sister.

What prevented me from getting into trouble was my little brother. If I started doing stupid stuff, it would affect him.

- Provide emergency housing shelters that allow the whole family to stay together
- Keep siblings together or provide funds/transportation for them to spend time together regularly
- Ensure that visiting hours at out of home placements fit family needs, not system needs.

It's shady how they want your family to pay for you to sit in jail.

My parents paid \$60 to rent a truck to come visit me in the hall and were only given 20 minutes to talk with me.

- Eliminate payments parents must pay for each day their child is incarcerated; this hurts families most in need
- Provide more, and free, phone calls home to parents or other family members
- Provide transportation assistance for parents to visit their children in detention/placement

C. Therapy- What Works, What Doesn't

Participants commonly observed that schools and juvenile halls do not have enough counselors. Participants prefer that therapy and programs be made available to young people before they get in trouble, not only after the fact. While the youth cited the importance of mentoring and arts/sports programs as therapeutic alternatives, they believe that greater access to therapy, including individual counseling and peer support groups, would prevent violence, crime and/or incarceration. The overall view of therapy was positive, but the participants felt that therapy needed to start with the understanding that young people who access psychotherapeutic support most often are forced into therapy because of problems stemming from unstable adult and family relationships. Consequently, therapy needs to start with trust building between adults and youth. Concrete suggestions for building trust include informing young people about their rights in dealing with the system, identifying a young person's survival needs as a starting point in therapy, and monitoring and emphasizing strengths and goals, not just mistakes, in young people's therapy and in their case files.

Half of the time therapy doesn't work. Try more activities so youth can open up to you.

I started doing meth after two of my homies died in my hands.



Sometimes when I get depressed I fight somebody. I get high and do drugs to escape my reality.

I wish there'd been a youth-focused rehab program for me.

- Provide therapy “on Demand”, modeled after treatment on demand (immediate access) for drug and alcohol users as a means of preventing violence, crime or incarceration
- Research and invest in developmentally appropriate mental health programs for transition aged youth, i.e. drug rehabilitation
- Use mental health funds for alternatives to talk therapy

If you need help, you'll talk to anyone. Most of the time the person you find is the wrong person. The right person, when they do have time, it'll be a good day that they can listen to you.

You have to get in trouble to get services. So many opportunities come to us after we get in trouble. Where were they before? If you're not in foster care, it's hard to get programs.

What pushed me away? Asking for help and getting someone who thinks they're better than me and tries to tell me what to do rather than help me.

They wouldn't show me my file because it only had negative things in it.

- Identify young people's destructive behavior as coping mechanisms, not crimes
- Identify a young person's survival needs as a starting point in therapy to build trust and demonstrate an understanding of where s/he is at
- Provide free therapy and other services for non-system youth, before they get in trouble
- Have more therapists/counselors on staff at schools and juvenile halls
- Monitor strengths and goals, not just mistakes, in young people's case files
- Provide access to youths' charts and discuss the entries

Once you get it all out in a group you feel like you aren't alone.

I can trust adults that can relate to what I have been through. I know she can keep a secret and not talk to other coworkers.



I would talk to my counselor who would help me by taking me to the park and play soccer. He would have a reward chart. If I did well for the week we would do something fun. He focused on what I did right and not what I did wrong. And we didn't just talk about my feelings.

She was more of a friend or a mentor.

I had a therapist once who got to the point where he was red faced and about to cuss me out. I got some satisfaction out of that. It made me think of him as a human.

Young people need someone to guide them through their decisions, not tell them what to do.

- Therapists who are clinically empowered to reveal personal information about life experience or mood, as appropriate, build the trust bridge with young clients
- Youth request that their therapists and case managers inform them about their rights in dealing with the system, this is also a way to build trust between the therapist and the youth
- Offer support groups as a “gateway” to individual psychotherapy for young people who have a hard time trusting or opening up to adults.
- Identify and build upon youth’s strengths and interests

D. No Medication without Communication

The overwhelming feedback about psychotropic medications was that young people are not getting good information from doctors about their medications. They asked for more external controls on dosages and for a system of checks and balances to ensure that medications are treating the real problem instead of being used as a strategy to make young people’s problems easier for adults to manage. They also asked that medication be accompanied by talk therapy. Participants felt that continuing education trainings for psychiatrists and therapists, specifically about how to talk to young people about medication and processes, would ensure that the young person knows why they are prescribed a given medication and what it does – especially for those young people who have families with a history of drug abuse. MHSA funds could be used for follow-up services after youth are released from detention or placement, to ensure continuity of medication and services, and to reduce the likelihood of youth turning to the street drugs or self-destructive behavior.



I told my doctor I wanted to get off meds, and she just raised my meds. I told her I didn't want meds at all and she just changed my meds. I told her she was making me mad and she said, "We have pills for that."

When I told my doctor I wanted to get off meds, he said, "I know better. I went to school for this."

I was given medication just because I'm a quiet person.

I always have to ask what they are giving me, they don't just tell me.

ADHD drugs are like speed.

I know a lot of people locked up use meds to get high.

- Continuing education trainings for psychiatrists and therapists on how to talk to young people about medication
- Ensure that the young person knows why they are prescribed medication
- Special communication about meds for children who come from families with drug abuse

The therapist thought it was weird for me to cry so he gave me Prozac. But it didn't seem unnatural to me to feel sad after my mom left me. I didn't need meds. I needed my mother.

I've been given enough meds to OD. I tried to kill myself 3 times while I was on meds.

They gave me sleeping pills cause they thought I was crazy. They didn't talk to me, they just give you pills and leave you alone and make sure you don't get into fights.

Psychiatrists don't talk to you, they just take notes and then give you pills.

Medication is only a way of hiding pain and not allowing you to be yourself.

After about 3 months on meds, I was good as long as I was taking it.

- Youth would like to know that their doctors follow strict guidelines about youth dosages
- Youth, when prescribed medications, would like to be given adequate opportunity to feel and address their emotions
- Provide immediate follow up services after release from detention or placement

E. Prepare Adults to Support & Respect Youth

Participants expressed concern that the adults taking care of them were not properly trained or supported in dealing with heavy emotions or trauma-induced behaviors. They suggested free therapy and support groups for staff, teachers, social workers, judges, case workers, foster parents and therapists working with young people under stress; mental health training for staff who are non-therapy providers of service; required ongoing training for foster parents about parenting, conflict resolution and other issues; and required training and support groups for staff or foster parents with LGBTQ youth. They wanted the system to provide more support for young people as the adults in their lives change positions and move through their own careers. Participants enthusiastically supported trends to improve staff cultural competence, especially asking for the system to train and hire people from the community or former program beneficiaries so the staff reflects the constituency of clients. They also recommend supplementing therapy with mentorship programs that match young people with role models who have been through similar experiences.

The thing about group homes and foster homes is the adults think of it as a job, rather than that they are raising kids.

- Train and hire people from the community or former program beneficiaries so staff reflects the constituency of clients
- Supplement therapy with mentorship programs that match young people with role models who have been through similar experiences

It's hard for adults to stay in one place. So young people should get a chance to know everyone in the program so if that one person you are really connected to leaves you will have someone else left in the programs to connect to.

You start to trust someone and then all of a sudden they leave. And you're tired of telling your story so you might skip over parts and those parts could be the main reason why you are acting out.

When I was 10-11 years old I had one therapist and I didn't feel comfortable. Then I got another one and I liked her but I got attached and she left to another place. I wish she was back in my life.

Youth are treated like paperwork. This environment isn't a place to learn social practices. They miss out on a lot. If we could connect each child with a person.

- When an adult leaves a position, the young people on his/her caseload need additional support in managing the emotions of the transition

- Require support groups and trainings for staff and foster parents with LGBTQ youth
- Provide mental health training for staff who are non-therapy providers of service
- Require ongoing trainings for foster parents about parenting, conflict resolution, child and youth development, and other issues

One staff left my group home after an hour 'cause she couldn't handle us, and that hurt. Why did she come in the first place? Didn't she go to school? Social workers need to know the reasons why youth are in the system.

- Hold transition meetings for youth, as well as outgoing and new therapists/case workers when staff changes
- Provide therapy and support groups for staff, teachers, social workers, judges, case workers, foster parents and therapists under stress who work with young people

F. A Place to Go, Something to Do

Participants in the focus groups repeatedly said that youth centers and jobs provide a safe environment and a sense of purpose. Participants asked that mental health funds be used for youth-driven recreational spaces that teach leadership and offer a chance to impact the community and support physical fitness. They also saw job training and placement as important to the prevention of self-destructive behaviors caused by poverty, lack of purpose and too much free time. A major underlying issue for the majority of system youth is poverty. Programs that teach job and money management skills and make connections for youth to empower themselves economically are needed. Participants gave the clear message that young people want to work. Other programs suggested for “youth centers” included writing skills, talent exploration, parenting classes, sports, tutoring, motivational speakers, performance arts as well as support groups and therapy.

I wouldn't be in juvenile hall or on the streets if I had a job or something productive to do.

Instead of spending money on meds and therapy like we're crazy, jobs would be more helpful.

It's hard for someone who looks like me to find a job on my own.



I don't have a job right now but I think if I did it would take my mind off things. I have too much free time.

Man, I wish I had more help with housing, saving and getting a job.

- Job training programs that lead directly to jobs
- Wages and stipends during training
- Incentives for young people to meet benchmarks toward independence and self-sufficiency

We need an after school place to go where kids can be themselves, find jobs and stuff.

We need mentors who pick you up and take you places.

I always remember Ghandi: "In order you to find yourself, you have to lose yourself in the service of others."

Sports helped me. My aunt came to every game.

We need a revolving door for programs. No matter how long you have been away you can always come back, like a family.

- Use mental health funds for youth-driven recreational spaces that teach leadership and offer a chance to impact the community
- Use mental health funds to support physical fitness and sports
- Fund programs with flexible rules and timelines

Something to Do:

- ***Travel, so you can see other people are like you***
- ***Learn about other cultures***
- ***Massage therapy***
- ***Drama classes***
- ***More and better therapists***
- ***Field trips***
- ***Put gyms everywhere***
- ***Parenting Classes***
- ***Childcare Support***
- ***Football Teams***
- ***How to communicate, learn boundaries***
- ***Job Services***
- ***Help me discover my talents***
- ***Motivational Speakers (Young!)***
- ***Better teachers***
- ***Tutoring***
- ***Support Groups***
- ***Boxing Leagues***

“KEEP US BUSY, PERIOD.”

When asked the question “How do you stay happy/positive?” the youths’ answers were typical of any youth: exercise, time with family and friends and activities that offer a sense of purpose and achievement. The following are some of the responses that may suggest additional ways to support young people who are experiencing major life challenges:

- ***Be around people I feel safe with***
- ***Meditation***
- ***Working out***
- ***Family***
- ***Counseling and rehab***
- ***Adrenaline rushes***
- ***Playing sports***
- ***Running***
- ***Music***
- ***Take a walk***
- ***Go somewhere quiet***
- ***Talk to friends***
- ***Talk to people that I can trust***
- ***Talk to someone that isn’t going to go off and tell someone else***
- ***Crying helps***
- ***My mom***
- ***My baby. I always feel good when I’m around my baby.***
- ***Writing***
- ***Cleaning***
- ***Crocheting***
- ***Sleep***

G. Acknowledge and Address Stigma

Mental health providers face the dual challenge of social stigma about mental health issues combined with the distrust young people have for adults in positions of authority. Participants requested free or subsidized therapy or support groups for parents of children diagnosed with mental illness. They also felt hiring young people to do outreach at schools and community based organizations about mental health resources- what therapy is like, why it is important, support hot lines, etc. - would empower youth to access such resources.

When asked, “What do you think of when you hear ‘mental health’?” participants in all eight focus groups often used words like temper, problems, crazy, padded rooms, retarded, labels, asylum and one youth said, “someone else trying to figure out who you are.” Participants also made positive associations with mental health, but affirmed that stigma is a huge barrier and the only way to break down stigma is to engage the community in conversations about mental health.



When asked, “What do you think of when you hear mental health?” youth responded:

- ***Temper***
- ***Counseling***
- ***Illness***
- ***Problems***
- ***Labels***
- ***Psychoanalyzing***
- ***Disabled***
- ***Straight jacket***
- ***Health for your mind***
- ***Disturbed***
- ***Means you are retarded***
- ***Crazy people***
- ***Being in a padded room***
- ***Psychotic***
- ***Saving Someone***
- ***Asylum***
- ***Someone else trying to figure out who you are***

Careful planning is necessary to design and deliver services that are inviting to youth in spite of stigma. Recommendations to reduce the negative impact of stigma include:

- Establish a psychologically and physically safe and welcoming environment
- Avoid the terms “mental health” or “mental illness” until rapport is established
- Utilize a positive, strength based approach
- Use a facilitator who is sensitive to youth culture, dress, language, and the importance of peer opinion
- Ask for recommendations from local youth representatives from the focus population in the planning stages, and for ongoing feedback as the program is implemented

Teens think a lot about what people think about you.

Anger management classes just made me mad.

When you are put in juvenile hall you’re given a label that sticks with you forever.

I keep everything inside so I won’t be labeled retarded or needing mental health.

Kids start to believe in their diagnosis more than in themselves, and they get stuck.

- Hire young people to do outreach at schools and community based organizations about mental health resources, what therapy is like, support hot lines, etc.

CONCLUSION

The Mental Health Services Act is transforming not only the mental health system in California but also the ability to incorporate youth voice in the development of new mental health strategies to address the needs of consumers. This project demonstrates that with appropriate planning, powerful and relevant youth voices can be heard. Youth, when convened properly, will share intimate details about their lives and experiences and are capable of converting those experiences into concrete policy recommendations. These recommendations can inform decisions of policy makers and those who design, and implement programs; their ongoing input can assist with continuous quality improvement efforts. Most of the recommendations are not costly, time consuming, or very difficult.

Youth have a clear vision of “how it ought to be” derived from their own, often painful, experience. They know that families should be supported as much as possible, and that systems should work together to support children, youth, and their families. They know what works, and what doesn’t, they know that they need to be kept busy, and they know that they need to be prepared for adulthood.

The enthusiasm and respect conveyed in the focus groups, and the requests for follow up information and information about future planning meetings, indicate that young people are a great untapped resource in California’s policy and planning efforts. The focus groups demonstrated that young people with a wide variety of life experiences are eager to work with adults, to be involved in the community, and to contribute to efforts to improve public systems. This is possible when the structure and culture of the discussions is appropriate for young people.

Transition aged youth, particularly those with experience in the foster care, juvenile justice and special education systems need state and local support to have healthy childhoods and to access the recreational, educational, and career opportunities that prevent young people from giving up on school, themselves, and their futures. Conversely, state and local policymakers, program planners, and service providers need to hear youth voices to provide effective, timely support to these youth.

The youth who participated in this project came from ethnically, racially, and geographically diverse backgrounds, and represented various sexual orientations. In spite of these differences, the youth voice was consistent and clear about the changes they felt were needed. Their recommendations reinforce the federal and state vision of youth development principles and best practices for this population. Their combined voices challenge state and local policymakers to translate their experiences and recommendations into policies and services that are more accessible, more relevant, and more effective, and to utilize this rich resource: youth voice.



“What pushed you away from services?”

Asking for help and not getting what you need.

Someone with power making decisions for you and telling you what to do and how to live your life instead of helping you to make those decisions for yourself.

APPENDIX A: RECOMMENDATIONS WORKSHEET

Theme	Policy/Program Area	Recommendations
Youth Involvement in Policy and Decision-making	Youth Culture/Cultural Competence	<ul style="list-style-type: none"> • Hold meetings during accessible times of day • Choose safe locations, accessible by public transportation or provide transportation • Hire young and/or culturally competent moderators/facilitators who use language that is sensitive to the stigma of mental health • Outreach through community based organizations/agencies that have established trusted relationships with youth • Provide lunch or dinner
	Addressing Poverty	<ul style="list-style-type: none"> • Pay stipends to youth to demonstrate the value of their time and input • Provide or reimburse for transportation
Families as the Unit of Service	Program Design	<ul style="list-style-type: none"> • Offer counseling to the whole family, not just the young person in the system • Provide free or subsidized therapy or support groups for parents of children diagnosed with mental illness • Provide free support groups for parents whose children are detained in juvenile halls or CYA to help them manage their anger, shame or heartache • Support teen parents in becoming the parents they want to be: provide classes, support groups, housing assistance, childcare
	Housing/Placement	<ul style="list-style-type: none"> • Provide emergency housing shelters that allow the whole family to stay together • Keep siblings together or provide funds/transportation for them to spend time together regularly • Ensure that visiting hours at out of home placements fit family needs, not system needs
	Addressing Poverty	<ul style="list-style-type: none"> • Eliminate the payments that parents must pay for each day their child is incarcerated; this hurts families most in need • Provide more, and free, phone calls home to parents or other family members • Provide transportation assistance for parents to visit their children in detention/placement
Effective Mental Health Services	Youth Culture/Cultural Competence	<ul style="list-style-type: none"> • Offer support groups and activities as a “gateway” to individual psychotherapy for young people who have a hard time trusting or opening up to adults • Research and invest in developmentally appropriate mental health programs for transition aged youth, such as drug rehabilitation
	Program Design	<ul style="list-style-type: none"> • Use mental health funds for alternatives to talk therapy • Provide therapy “On Demand”, modeled after treatment on demand (immediate access) for drug and alcohol users as a means of preventing violence, crime or incarceration • Provide free therapy and other services for non-system youth, before they get in trouble • Have more therapists/counselors on staff at schools and juvenile halls
	Clinical Approaches	<ul style="list-style-type: none"> • Identify young people’s destructive behavior as coping mechanisms, not crimes • Identify a young person’s survival needs as a starting point in therapy, to build trust and demonstrate an understanding of where s/he is at • Identify and build upon youth’s strengths and interests • Therapists who are clinically empowered to reveal personal information, about life experience or mood, as appropriate, build the trust bridge with young clients • Youth request that therapists and case managers inform them about their rights in dealing with the system, this is also a way to build trust between the therapist and youth

Theme	Service Category	Recommendations
No Medication without Communication	Youth Culture/Cultural Competence	<ul style="list-style-type: none"> Continuing education trainings for psychiatrists and therapists on how to talk to young people about medication Ensure that the young person knows why they are prescribed medication Special communication about meds for children who come from families with drug abuse
	Clinical Approaches	<ul style="list-style-type: none"> Youth would like to know that their doctors follow strict guidelines about youth dosages Youth, when prescribed medications, would like to be given adequate opportunity to feel and address their emotions Provide immediate follow up services after release from detention or placement
Prepare Adults to Support & Respect Youth	Youth Culture/Cultural Competence	<ul style="list-style-type: none"> Train and hire people from the community or former program beneficiaries so staff reflects the constituency of clients Supplement therapy with mentorship programs that match young people with role models who have been through similar experiences
	Program Design	<ul style="list-style-type: none"> When an adult leaves a position, the young people on his/her caseload need additional support in managing the emotions of the transition Require support groups and trainings for staff and foster parents with LGBTQ youth Provide mental health training for staff who are non-therapy providers of services Require ongoing trainings for foster parents about parenting, conflict resolution, child and youth development, and other issues
	Clinical Approaches	<ul style="list-style-type: none"> Hold transition meetings for youth, as well as outgoing and new therapists/case workers when staff changes Provide therapy and support groups for staff, teachers, social workers, judges, case workers, foster parents and therapists under stress who work with young people
A Place to Go, Something to Do	Education and Training/Addressing Poverty	<ul style="list-style-type: none"> Provide job training programs that lead directly to jobs Provide wages and stipends during training Provide incentives for young people to meet benchmarks toward independence and self-sufficiency
	Program Design	<ul style="list-style-type: none"> Use mental health funds for youth-driven recreational spaces that teach leadership and offer a chance to impact the community Use mental health funds to support physical fitness and sports Fund programs with flexible rules and timelines
Engage, Reduce Stigma	Youth Culture/Cultural Competence	<ul style="list-style-type: none"> Hire young people to do outreach at schools and community based organizations about mental health resources, what therapy is like, support hot lines, etc. Avoid the terms “mental health” or “mental illness” until rapport is established Use a facilitator who is sensitive to youth culture, dress, language, and the importance of peer opinion Ask for recommendations from local youth representatives from the focus population in the planning stages, and for ongoing feedback as the program is implemented



APPENDIX B: USEFUL RESOURCES

The recommendations in this report echo and build on similar recommendations made by the California Youth Connection, Youth Law Center, The Mentoring Center and California Research Bureau. To learn more, read:

Bernstein, Nell. "Helping those who Need it Most: Meeting the Mental Health Care Needs of Youth in the Foster Care and Juvenile Justice Systems." June 2005, California Family Impact Seminar (California Research Bureau)

Burrell, Sue. "Getting Out of the Red Zone: Youth from the Juvenile Justice and Child welfare Systems Speak Out about the Obstacles to Completing their Education, and What could Help." October 2003, Youth Law Center.

"Change Begins with Action." California Youth Connection 2006 Policy Conference Report

"Voices Carry: Recommendations of Young People in the Foster Care System." California Youth Connection 2005 Policy Conference Report.

"Bringing Young People to the Policy Table." California Council on Youth Relations and the California Research Bureau (2006, DVD) This DVD can be ordered by contacting New American Media at www.newamericamedia.org.

"Best Practices Guide for Organizations Serving Highly At-Risk Youth" published by The Mentoring Center and the Rockefeller Foundation.



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on Youth Relations

APPENDIX C: COLLABORATING ORGANIZATIONS

Youth in Mind (CMHACY Youth Leadership Academy)
El Sol Collective (Sacramento)
Youth Matters (Stockton)
San Diego Youth and Community Services
Mental Health Association of the Central Valley
Children's Hospital of Los Angeles
Dorothy Kirby Center (Los Angeles)
Conscious Youth Media Crew (San Francisco)
The Mentoring Center (Oakland)
Tools for Success (Daly City)
The California Research Bureau (Sacramento)

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APPENDIX D: OUTREACH FLIER



Your voice matters!

Youth Views on Prevention and Early Intervention

Coordinated by the California Council On Youth Relations

Are you ages 16-24, and have you ever experienced or do you identify with any of the following?

- Probation
- Mental health system
- Foster care/child welfare
- Homelessness
- Drug & alcohol treatment
- GLBT (gay, lesbian, bisexual, transgender)

What has been your experience? We want to know. Join us for an evening conversation to share your thoughts and hear what other young people have to say. By telling us what you think works and doesn't work, you can help us *improve* the the system for all young people in California. ***Your voice matters—so make it heard!***



When: Monday, April 16, 2007 from 5-8 pm

Place: San Diego Youth and Community Services
3255 Wing Street, San Diego, CA 92110

RSVP: You must RSVP by April 13. Please contact Patricia Johnson at 415-503-4170 or pjohnson@newamericamedia.org. Please reserve your space soon!!! Dinner will be served.

Who is Invited?: We are aiming to have 20 youth, and 10 adults who work with youth, together at this meeting. ****All adults must be accompanied by youth**** Please call us if you have questions about this. We know we can't reach everyone this way, but it will allow us to have a great discussion.

Transportation: We cannot provide transportation, but we can reimburse for mileage/parking. When you RSVP, let us know your transportation situation.

Stipends: Youth will receive \$100 (\$30 cash and \$70 in gift cards) for attending because we value your time and input, and we know coming to this event means you may miss school, work, or family time. Thank you! In order to get your stipend, you will need to give us your name, address, and social security number ahead of time. If you don't have a social security number, you can receive full payment in gift cards. You must RSVP in order to get a stipend.

Follow-Up: If you want to set up a separate meeting to get at the issues of a group that isn't represented at this meeting, we can provide food for that event. For instance, a group of transgender youth in LA asked to have a separate meeting so they could assure they can discuss their issues safely. To find out more, call Patricia Johnson at (415) 503-4170 or pjohnson@newamericamedia.org.

For Your Information: This meeting is part of a series of 5 roundtables in 5 California cities: Los Angeles, San Diego, Sacramento, Fresno and San Francisco. If you know someone in one of these regions who would be a valuable participant, please have them contact us! The recommendations we develop at these meetings will become part of the Mental Health Services Act Prevention and Early Intervention program guidelines. CCYR is a project of the nonprofit Pacific News Service.



APPENDIX E: AGENDA

Your Voice Matters Youth Views on Prevention and Early Intervention Roundtable Discussion

The California Council on Youth Relations (CCYR) has been asked by the California State Department of Mental Health (DMH) to organize youth roundtables to talk about Prevention and Early Intervention (PEI) strategies – what works, what doesn't work and wish lists – with the goal of ensuring young people's voices are integrated into the Mental Health Services Act (MHSA) PEI guidelines. We are asking young people in experience with foster care, juvenile justice, child welfare, homelessness, harm reduction/drug and alcohol treatment, family or neighborhood violence, sexual health, GLBT (gay, lesbian, bisexual, and transgender) identity, special education and the mental health system to come together in five different regions of California to lend their expertise. The results of these roundtables will be incorporated into the MHSA funding guidelines that will be passed to each county – meaning that what you say at these meetings might determine which kinds of programs get funding, and which don't. ***Your voice matters.***

5-5:30: Welcome, Introductions and DVD Presentation

- Patricia Johnson, CCYR
- Perry Jones, CCYR and The Beat Within
- Zoey Todd, Department of Mental Health
- Marsha Tagawa, Department of Mental Health

5:30-6:30: Discussion on Prevention and Early Intervention Recommendations

Guiding Questions:

- What could have prevented you from ending up in the system? What do you wish had been there for you?
- Who in your opinion is missed, isn't getting served at all?
- What has pushed you away from services or brought you back?
- What might take away the stigma from mental health services?
- What challenges have you faced in seeking or receiving mental health services/support/guidance?
- Do you talk about well being in your family, with your friends?

6:30-7:00: Dinner and informal discussion

7-7:30: Creative Writing: "WHEN I NEEDED IT MOST..."

7:30 – 8pm: Conclusion

- Goodbyes/Thank You
- Informal discussion/networking
- Stipends/reimbursements